SEMI-ANNUAL REPORT STATE OF IDAHO WORKERS' COMPENSATION PREMIUM TAX INDUSTRIAL COMMISSION FOR THE PERIOD AND YEAR P.O. BOX 83720 BOISE, ID 83720-0041 JANUARY - JUNE Street Address: 317 Main Street, Boise ID JULY - DECEMBER INSURANCE COMPANY: ______FEIN: _____ Contact Person: _____ Title: _____ Address: State: _____Postal Code: _____ City: _____ Fax: Phone: \$_____ **Gross Premiums Written** Less: Returned Premiums and Premiums on Policies Not Taken (-)(=)Net Premiums Written Tax Rate 2.5% (X) Tax Due (Net Premiums x Tax Rate) 'Minimum Tax Due = \$75.00 **AFFIDAVIT** _____, being first duly sworn, deposes and states that s/he is a corporate officer, with the title of ______, that this report is made under the provisions of Section 72-524, Idaho code, and under penalty of perjury; that the foregoing statement contains a full, true and accurate report of all workers' compensation premiums reportable on business written on risk insured in the State of Idaho during the period set forth above.

Subscribed and sworn to before me this _____ day of _____ , _____ ,

) ss.

This report is due within 30 days after February 1 (by March 3) for the last six months of the preceding year, and within 30 days after July 1 (by July 31) for the first six months of the current year.

LATE PAYMENT PENALTY - 10% of the original amount due times the number of ten-day periods or portions thereof which have elapsed since March 3 or July 31 depending upon the reporting period.

WHITE COPY - INDUSTRIAL COMMISSION
YELLOW COPY - IDAHO DEPT OF INSURANCE
PINK COPY - TAXPAYER

(Signature of Corporate Officer)

State of _____)

County of ______)